

09/14/2003 21:51 2033788108

CROZIER

PAGE 01

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	322-107
First Named Inventor	Yury Sherman
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole Inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DEVICE FOR MEASURING, DISPENSING AND STORING OF GRANULAR, POWDER AND GRAIN MATERIALS

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

TOTAL P.01

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION Utility or D sign Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label 21091 OR Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Yury	Family Name or Surname	Sherman
---	------	---------------------------	---------

Inventor's
Signature

Date

09/14/03

Residence: City

Roslindale

State

MA

Country

Citizenship

US

Mailing Address

511 Beech Street

City

Roslindale

State

MA

ZIP

02131

Country

US

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])Family Name
or SurnameInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/01 (02-01)

Approved for use through 10/31/2002. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number		
	Filing Date		
	First Named Inventor	Yury Sherman	
	Title	DEVICE FOR MEASURING,...	
	Group Art Unit		
	Examiner Name		
Attorney Docket Number	322-107		

I hereby appoint:												
<input checked="" type="checkbox"/> Practitioners at Customer Number <input style="width: 100px; border: 1px solid black;" type="text" value="21091"/> →		Place Customer Number Bar Code Label here										
OR												
<input type="checkbox"/> Practitioner(s) named below:												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Name</td> <td style="width: 50%; padding: 5px;">Registration Number</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>			Name	Registration Number								
Name	Registration Number											

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:																				
<input type="checkbox"/> The above-mentioned Customer Number.		Place Customer Number Bar Code Label here																		
OR																				
<input type="checkbox"/> Practitioners at Customer Number <input style="width: 100px; border: 1px solid black;" type="text"/> →		Place Customer Number Bar Code Label here																		
OR																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;"><input type="checkbox"/> Firm or Individual Name</td> <td style="width: 33%; padding: 5px;"> </td> <td style="width: 33%; padding: 5px;"> </td> </tr> <tr> <td>Address</td> <td colspan="2"></td> </tr> <tr> <td>Address</td> <td colspan="2"></td> </tr> <tr> <td>City</td> <td style="width: 33%; padding: 5px;">State</td> <td style="width: 33%; padding: 5px;">Zip</td> </tr> <tr> <td>Country</td> <td colspan="2"></td> </tr> <tr> <td>Telephone</td> <td style="width: 33%; padding: 5px;">Fax</td> <td style="width: 33%; padding: 5px;"> </td> </tr> </table>			<input type="checkbox"/> Firm or Individual Name			Address			Address			City	State	Zip	Country			Telephone	Fax	
<input type="checkbox"/> Firm or Individual Name																				
Address																				
Address																				
City	State	Zip																		
Country																				
Telephone	Fax																			
I am the:																				
<input checked="" type="checkbox"/> Applicant/Inventor.																				
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).																				
SIGNATURE of Applicant or Assignee of Record																				
Name	Yury Sherman																			
Signature																				
Date	09/14/03																			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																				
Total of 1 forms are submitted.																				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.